

July 1, 2015

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2014
WC Docket No. 14-58**

Dear Secretary Dortch:

On behalf of Scott County Telephone Cooperative (“SCTC”), SAC 190248 in Virginia, enclosed is a confidential version of SCTC’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

SCTC is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

SCTC respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on SCTC were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to SCTC as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with SCTC’s ongoing business and operations.

47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

SCTC requests that its five year plan (Line 112), its financial information on Page 12, and the financial information (Line 3017) filed with the Rural Utilities Service (“RUS”) be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The descriptive document relating to the financial information is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Information relating to non-public planning, customers, and financial information is competitively sensitive information that SCTC maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on SCTC since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in SCTC’s Form 481 Report, WC Docket No. 14-58.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on SCTC.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause SCTC competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of SCTC’s business at a level of detail not currently available to the public.

Measures taken by SCTC to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

SCTC has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which SCTC asserts that the material should not be available for public disclosure

SCTC cannot determine at this time any date on which this information should not be considered confidential.

Other information SCTC believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

A handwritten signature in dark ink that reads "Robert S. Koppel". The signature is written in a cursive, slightly slanted style.

David L. Nace
Robert S. Koppel

Counsel to:
Scott County Telephone Cooperative

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190248
<015> Study Area Name	SCOTT COUNTY COOP
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Daniel E Odom
<035> Contact Telephone Number: Number of the person identified in data line <030>	2764527224 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	dano@sctc.org

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) <input type="text" value="0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) <input type="text" value="0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed <input type="text" value="0.0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile <input type="text" value="0.0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed <input type="text" value="0.0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile <input type="text" value="0.0"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="190248va510.pdf"/>	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="190248va610.pdf"/>	(attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input type="text" value="190248va1010.pdf"/>	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scotc.org
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

190248va112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	No
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scctc.org

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contract Name - Person USAC should contact regarding this data	Daniel B Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scetc.org

1/1/2015	
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	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@etc.org

[illegible]

<010>	Study Area Code		190248
<015>	Study Area Name		SCOTT COUNTY COOP
<020>	Program Year		2016
<030>	Contact Name - Person USAC should contact regarding this data		Daniel E Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>		2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		dano@sctc.org
<810>	Reporting Carrier		Scott County Telephone Cooperative
<811>	Holding Company		Scott County Telephone Cooperative
<812>	Operating Company		Scott County Telephone Cooperative

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scetc.org

<910>	Tribal Land(s) on which ETC Serves	
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<920>	Tribal Government Engagement Obligation	
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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel B Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@sctc.org

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scsc.org

190248va1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220>	Link to Public Website	HTTP
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation**Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel B. Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>	276427224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dan@scetc.org

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	
<2011a>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
<2011b>	Attachment (47 CFR § 54.313(b)(1)ii)	

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))	
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions	
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Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0815
		JULY 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E. Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@scctc.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))	190248va3010.pdf	Name of Attached Document Listing Required Information
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Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.



(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	190248va3012.pdf	Name of Attached Document Listing Required Information
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(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	190248va3015.pdf, 190248va3016.pdf	Name of Attached Document Listing Required Information
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(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026)	Attach the worksheet listing required information		Name of Attached Document Listing Required Information
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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

(3000) Rate Of Return Carrier Additional Documentation (Continued)
Data Collection Form

<010> Study Area Code	190248
<015> Study Area Name	SCOTT COUNTY COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Daniel S Odom
<035> Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dano@ctcc.org



Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service (TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190248
<015> Study Area Name	SCOTT COUNTY COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035> Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dano@sctc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: SCOTT COUNTY COOP	
Signature of Authorized Officer: CERTIFIED ONLINE <i>Daniel E. Odom</i>	Date 06/30/2015
Printed name of Authorized Officer: Daniel Odom	
Title or position of Authorized Officer: Chief Financial Officer	
Telephone number of Authorized Officer: 2764527224 ext.	
Study Area Code of Reporting Carrier: 190248	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190248
<015> Study Area Name	SCOTT COUNTY COOP
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Daniel E Odom
<035> Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dano@sctc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**Scott County Telephone Cooperative Line
112 -- Five Year Plan**

**REDACTED IN ITS ENTIRETY
FOR PUBLIC INSPECTION**

190248
SCOTT COUNTY COOP
2016
DANIEL E ODOM
276-452-7224
dano@sctc.org

LINE 510 DESCRIPTION OF COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION

Quality Standards:

Scott County Telephone Cooperative follows the Quality of Service guidelines as recommended by the Virginia State Corporation Commission.

Consumer Protection Standards:

Scott County Telephone Cooperative has a policy on Customer Proprietary Network Information (CPNI), Red Flag Rules, Data Security, Fraud or Fraudulent Activities, and Identity Theft Prevention Program. These Policies have been reviewed with the employees, and the employees have been trained on how to apply these policies. Scott County Telephone Cooperative submits its CPNI certifications to the FCC and USAC each year.

190248
SCOTT COUNTY COOP
2016
DANIEL E ODOM
276-452-7224
dano@sctc.org

LINE 610 DESCRIPTION OF FUNCTIONALITY IN EMERGENCY SITUATIONS

Quality Standards:

There are diverse routes between the remote concentrators which add redundancy to the network. The components of the network are equipped with alarms which alert if there are failures. These alarms are sent out by email and text to the Central Office Technicians that are on-call, the Central Office Supervisor, the Head Engineer, and the Operations Manager. The main central office / tandem has a permanent on-site generator; the largest remote concentrators also have permanent on-site generators. Also, the NOC (Network Operations Center) and the Business Office have permanent on-site generators. All of the concentrators are equipped for portable emergency generators. During a power outage, the technician reports the outage to the respective utility company. The power alarms are monitored by several servers and, upon the DC voltage levels falling below the charge level, the servers send out the emails and text alerts to the technicians. The servers that send out the email and text alerts are also monitored by another server that will send an email and text alerts if any of the monitored servers do not function correctly. The battery level is monitored with response time factored in so that a dispatch can have an emergency generator on site before an outage occurs. The emergency generators automatically cycle with a load once a week. The generators have a Major PM performance on them annually.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2015	
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[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	190248
<015>	Study Area Name	SCOTT COUNTY COOP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Daniel E Odum
<035>	Contact Telephone Number - Number of person identified in data line <030>	2764527224 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dano@setc.org
<810>	Reporting Carrier	Scott County Telephone Cooperative
<811>	Holding Company	Scott County Telephone Cooperative
<812>	Operating Company	Scott County Telephone Cooperative

[illegible]

190248
SCOTT COUNTY COOP
2016
DANIEL E ODOM
276-452-7224
dano@sctc.org

LINE 1010 DESCRIPTION OF VOICE SERVICES RATE COMPARABILITY

Scott County Telephone Cooperative has filed the Rate Floor Data Collection to NECA, who in turn will submit it to USAC. All of Scott County Telephone Cooperative's residential rates are below the \$20.46 amount. The residential local service rate is \$16.00.

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LINE 1200 TERMS AND CONDITIONS FOR LIFELINE CUSTOMERS

Scott County Telephone Cooperative offers discounted service to low-income consumers to help them establish and maintain telephone service. If customers participate in Medicaid and/or Food Stamps, they are eligible. The amount of the discount is the \$6.50 Access Charge, plus and additional \$3.25, for a total of \$9.75 each month. The customers are certified each year.

The plan does not limit the long distance carrier, or the amount of usage the customer is allowed. Long distance charges are the responsibility of the long distance provider.

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LINE 3010 PROGRESS REPORT ON FIVE YEAR PLAN – MILESTONE CERTIFICATION

Scott County Telephone Cooperative certifies that it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

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LINE 3012 PROGRESS REPORT ON FIVE YEAR PLAN – COMMUNITY ANCHOR INSTITUTIONS

Scott County Telephone Cooperative certifies that it does not have any newly served Community Anchor Institutions because they have all already been served with high speed broadband services.

Scott County Telephone Cooperative

Line 3017 – RUS Annual Report

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